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APPLICATION NUMBER FILING DATE FIRST NAMED APPLICANT ATTORNEY DOCK

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ART UNIT PAPER NUMBER

1645 2 (

DATE MAILED:

INTERVIEW SUMMARY

All participants (applicant, applicant's representative, PTO personnel): (I) No Professional Tests (#35,372) App Rep.) Ms. Anne Sofie
(2) Me Lennart Lindfors pHD APP. G. Partner (PTD) CAPP.
Dat of Interview 16 - 29 - 03
Type: Telephonic Personal (copy is given to applicant applicant's representative).
Exhibit shown or demonstration conducted: Yes No If yes, brief description:
Agreement was reached. Was not reached.
Claim(s) discussed: all of record
Identification of prior art discussed: Old Office O
Description of the general nature of what was agreed to if an agreement was reached, or any other comments:
proveded in Indant Specification. Descussed
Dosoible language to define over the prior art of pecoso
alternate language from the word "Vaccine" could abo
(A fuller description, if necessary, and a copy of the amendments, if available, which the examiner agreed would render the claims allowable must be attached. Also, where no copy of the amendments which would render the claims allowable is available, a summary thereof must be attached.)
1. It is not necessary for applicant to provide a separate record of the substance of the interview.
Unless the paragraph above has been checked to indicate to the contrary. A FORMAL WRITTEN RESPONSE TO THE LAST OFFICE ACTION IS NOT WAIVED AND MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a response to the last Offic action has are ready been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW.
2. Since the Examiner's interview summary above (including any attachments) reflects a complete response to each of the objections, rejections and requirements that may be present in the last Office action, and since the claims are now allowable, this completed form is considered to fulfill the response requirements of the last Offic action. Applicant is not relieved from providing a separate record of the interview unless box 1 abov is also checked.

Examiner Note: You must sign this form unless it is an attachment to another form.

FORM PTOL-413 (REV.1-96)

10/29/0